

Statement of Organization  
Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☒ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee  
(If applicable)

☐ Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

CLERK 12DEC2012 12:09

Date Stamp

CALIFORNIA  
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Committee to Re-elect Dave Golonski for Council 2013

STREET ADDRESS (NO P.O. BOX)

225 N. Avon St

CITY STATE ZIP CODE AREA CODE/PHONE  
Burbank CA 91505 818 843 2948

MAILING ADDRESS (IF DIFFERENT)

DGolonski@aol.com

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

LA

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Todd Hayfer

STREET ADDRESS (NO P.O. BOX)

816 N. Parish Pl.

CITY STATE ZIP CODE AREA CODE/PHONE  
Burbank CA 91506 818-845-4005

NAME OF ASSISTANT TREASURER, IF ANY

Dave Golonski

STREET ADDRESS (NO P.O. BOX)

225 N. Avon St.

CITY STATE ZIP CODE AREA CODE/PHONE  
Burbank CA 91505 818-434-5873

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/20/2012  
DATE

Executed on 12/20/2012  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Todd Hayfer  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Dave Golonski  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

**CALIFORNIA FORM 410**

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COMMITTEE NAME

Committee to Re-elect Dave Golonski for Council 2013

I.D. NUMBER

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Dave Golonski	City Council	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
None yet		
ADDRESS	CITY	STATE ZIP CODE

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE